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COUNSELING THE FAMILIES OF DEAF CHILDREN: A MENTAL HEALTH WORKER SPEAKS OUT

Sheila Becker

INTRODUCTION

In order to effectively counsel the family, a counsellor working in the area of deafness, must develop guidelines for the upbringing and education of the deaf child. An effort to find a suitable framework for counselling parents will take the mental health practitioner to a wide range of sources of information and attitude, each of which may contribute to the development of his viewpoint.

The purpose of this presentation is to familiarize the inexperienced counsellor or parent with the wide variety of approaches to the education and upbringing of the deaf child, as well as to propose a practical orientation for counselling the families of deaf children.

The Counsellor

The mental health worker's role is to help the parents understand the impact that the child's deafness may have on his development and to encourage them to deal with their own feelings and attitudes, thus enabling them to raise an adjusted child (Buscaglia, 1975). In preparation for counselling the family, the professional needs to learn about deafness, deaf education, the deaf community, current philosophical and political trends in deafness, recent technological advances in hearing aids, and the language of the deaf. The information which will be presented in the above areas will be sketchy and the reader is encouraged to refer to the bibliography for a more complete reading list.

Deafness

In a comprehensive evaluation of the child's learning potential, it is important to know the etiology of the hearing loss whenever possible (Davis & Silverman, 1970). Many cases, where the etiology is unknown, are later found to be related to genetic factors (Brown, 1967). Hearing losses caused prenatally, as in maternal rubella, or as a consequence of a childhood disease, such as meningitis, may be accompanied by other disabilities which, although invisible, may affect the learning process in significant ways (Levine, 1960). These disabilities resemble the learning disabilities of hearing children and must be diagnosed in order to be treated effectively. Unfortunately, they are often missed in the early years, while all the child's learning difficulties are attributed to his deafness or his lack of motivation.

The onset of deafness is another significant variable. Some children are born with a hearing loss while others lose their hearing at a later date. A child who has heard sounds and learned language prior to his hearing loss will be able to build on a solid basis provided that appropriate opportunities are offered (Davis & Silverman, 1970). Many deaf adults who speak fluently have sustained the hearing loss after their language system had been established (Best, 1943).

The degree and kind of hearing loss are also extremely important in planning a suit-

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able program for the child. The counsellor needs to know the opportunities afforded by modern hearing aids in training the child's residual hearing, thus promoting language and speech development (Berger, 1970).

A hearing loss may affect the child in several important ways. If profoundly deaf, he will only learn language by direct instruction, unlike the hearing child who develops language naturally through his hearing. For most deaf children, learning English is a slow process resulting in an academic retardation compared to hearing students (Babbidge, 1965). Although there are vast individual differences among the deaf in their ability to communicate, a common feature of all profoundly deaf people is their need to watch or attend to the speaker in order to receive information adequately. The hearing person must also adjust the complexity and style of his language expression when communicating with the deaf. An interpreter may be called upon to facilitate communication between the hearing and the deaf. Since interpreters are not always available and since direct communication is important in the counselling situation, professionals working with the deaf on a regular basis must make every effort to become proficient in the language and communication styles of the deaf.

Conceptually, the deaf child's development corresponds to the stages outlined by Piaget for hearing children (Furth, 1966). The level of the child's language development will, however, influence his access to the body of knowledge recorded in the written word and his facility in stringing ideas together to form complex information systems (Chomsky, 1967). The teaching of language is, therefore, one of the major priorities in the education of the deaf child.

The Child

Although deafness as a disability may significantly modify the child's development, the child, as an individual, will determine to a large extent how that disability is handled and to what extent it will interfere with his daily life.

Personality traits which lead to success among hearing people are also an asset for the deaf child. An outgoing personality, pleasant appearance, determination, flexibility, a positive self image, feeling of competence, and good social skills all contribute to good psychosocial adjustment in the deaf child. These features increase the opportunities available for further development. Thus, an attractive, responsive baby, who pleases others, tends to receive more attention, affection, and input, than the passive child. The friendly, outgoing child may be better received in the neighborhood and in the community.

Promoting the child's psychosocial adjustment is an important goal for the counsellor in developing the necessary program guidelines (Buscaglia, 1975; Levine, 1960; Schuld & Schuld, 1972).

The Family

The child's family is possibly the most important variable in planning the child's education. The counsellor must spare no effort in getting to know all the family members and, in gaining their trust. There are some excellent books which deal with the subject of the family (Buscaglia, 1975; Mindel & Vernon, 1971; Myklebust, 1950).

The family's cultural background often determines their attitude to deafness as a disability and their religious convictions may affect their perception of the child. The counsellor must respect the family's values and work within their system if he is to achieve any results.

The family's ability to speak English will also affect its ability to work with the child.

In many contemporary families all the adults are working and have little or no time to meet any special need of their child. Again, the counsellor must accept the facts and work with the family in developing a realistic program.

The parents' personalities may also play an important role in future plans. Some parents find working with their child extremely frustrating. Both the parent and the child

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may suffer as a result of continued unsuccessful sessions. Although professional intervention may alleviate the problem, frequently, the source of the tension is rooted in a personality clash which may interfere with the teaching process permanently. Whenever possible, all the family members can be encouraged to work with the child in order to lighten the load which usually falls on the mother's shoulders. If additional help is needed, the counsellor must help the family find alternatives, such as a tutor or an appropriate after school program.

Having looked at deafness, the child, and the family, the counsellor turns his attention to the available educational and philosophical options.

Educational and Philosophical Viewpoints

Philosophically, there are several important and often conflicting viewpoints regarding the best way to bring up a deaf child. At a glance, three major trends are apparent.

One group of professionals favors the 'Oral Approach' which promotes the teaching of oral communication skills and the training of residual hearing to facilitate the language and speech of the child (Fry & Whetnall, 1954). The goal of an oral education is to provide the child with skills which will enable him to function (not necessarily socialize) in a hearing society. Oral education is available in day schools and in residential schools.

The educational setting is another major philosophical issue (Quigley & Frisina, 1961). Some people feel that a deaf child with adequate skills who is receiving appropriate support service can and should be mainstreamed in the community school where he will follow the same program as his hearing peers (Warfield, 1974). Others feel that most deaf students feel isolated in a hearing environment and have a better opportunity for specialized training and social experience in a segregated environment (Jacobs, 1974). Between these two extremes are the supporters of mainstreaming suited to the child's needs and abilities ranging from attending

common facilities with hearing students, while receiving separate programs, to partial participation in regular classes whenever this is possible (Nix, 1977).

We have spoken about the oral option of teaching and the setting in which the option can take place.

In contrast to the 'Oral Method' of teaching is the manual or 'Sign Language' method. Proponents of the 'Manual Method' feel that the deaf child has a better chance to learn language and socialization in the sign language (Schlesinger & Meadow, 1972; Bellugi, 1972). Some go further, philosophically, by identifying sign language as the language of the deaf culture and advocate that every deaf child should learn the language of his group (Fant, 1972). Advocates of the 'deaf culture' concept wish Ameslan to be the primary language of all deaf people and support the teaching of English as a second language, whether taught through the sign or by the combined method (Jacobs, 1974).

The third approach, which has gained popularity in recent years is the 'Total Communication' method of teaching. Proponents emphasize that providing both the oral and signing option simultaneously from the start allows the child to learn in a way best suited to his needs while developing communication skills which will enable him to function in a hearing world (Mindel & Vernon, 1972; Schlesinger & Meadow, 1972). The proponents of the three approaches to the education of the deaf child tend to be very emotional about their choice and can be very critical in their attack on their adversaries. People favoring the sign language options often accuse Oralists of ignoring the needs of the child and of condemning the orally trained student to a life of frustration and failure (Schlesinger & Meadow 1972). The strict Oralists, on the other hand, claim that the child exposed to sign language, even when it is accompanied by speech, will tend to use the path of least resistance and, therefore, will not learn to communicate orally at a functional level (Ling & Ling, 1978). Res-

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tricting the child to sign language, according to staunch Oralists, is to restrict him to a ghetto existence and to a low economic status.

Having glanced at the three educational options and their possible settings, let's meet the product of deaf education, namely, the deaf adult.

Deaf Adults

Deaf adults, like deaf children, do not constitute a homogeneous group and have diverse viewpoints about the education of deaf children. It is important to note, that children of deaf parents are not necessarily deaf. Only genetically caused deafness can be transmitted to the child. Many deaf adults who intermarry prefer to send their deaf child to residential manual or total communication schools. Most of these parents want their deaf child to be able to speak in order to improve his vocational potential and are supportive of oral training as a supplement to their child's education. Deaf adults who have 'successfully' completed an oral education tend to be independent of the deaf community and support an oral education for the deaf child (Schein & Delk, 1974). Among the graduates of oral schools, there are also those whose language and speech development did not reach a functional level. Many of these so called 'oral failures' join the deaf community as adults and are often critical of the education they received. They feel that, had they attended a manual school, they would have been more successful in their personal and professional lives (Jacobs, 1974).

It is important to consider that most parents of a deaf child are hearing people who initially know nothing about the deaf community and who, like all parents, wish to bring their child up to function in their own culture. It may be as difficult emotionally for hearing parents to envisage joining the deaf community with their child as it is for a deaf person, who was raised in the deaf community, to consider joining the hearing community with his hearing child.

There are two additional groups of adults

who are often leaders in the deaf community. The adventitiously deafened adult, who has learned speech and language before losing his hearing, is able to mediate between deaf and hearing groups. If he attended a residential school, he often identifies with the deaf community and tends to support a manually based education system which also offers oral classes. Another source of spokesperson for the deaf are hearing children of deaf parents. They often act as sign language interpreters and advocates for the deaf community. They have a strong interest in the development of a political power base for the deaf in order to achieve improved services and opportunities. That leads us to the next topic, which is the present political climate among the deaf and their advocates.

The Present Political Climate

The decade of the seventies was politically productive for the deaf community. Along with increased political power and improved services and training, there was an important attitudinal change related to 'deaf pride' (Alford, 1972; Jacobs, 1974). There is an increased tendency today for people to feel proud of belonging to the deaf community and a reluctance to allow hearing people to make important decisions for them. The resulting rift between hearing and deaf people creates difficulties for hearing professionals and parents. As outsiders they can't really penetrate the barriers that are being created. Yet they are involved in making decisions about deaf children who will grow up to be deaf adults. Another interesting fact is the timing of this movement toward self-reliance in the deaf community. It coincides with a trend in general education which is attempting to mainstream as many disabled students as possible and discouraging segregated institutionalized education of any kind for the mild to moderately disabled student (Warfield, 1974). Thus, parents are being encouraged to keep their children in the community, whenever possible, while the deaf advocates are asking hearing parents to send their child to be educated and raised in the deaf community.

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A Practical Approach to Parent Counselling

During the initial phase, following the diagnosis of the hearing loss, the parents are dealing with their shock and grief and need a warm, caring, and supportive listener. Their child, however, needs to receive language stimulation. It is vital for the counselor to meet with the entire family in order to assess the time and energy resources in the family unit. Among the profoundly deaf children, only those who receive regular appropriate family support will succeed in learning the English language at the high school level. If the family is able and willing to provide the daily training, then they must be guided in their task by competent professionals. It is unrealistic to begin exposing the parents to the idea of choosing between the deaf and hearing community for their child at this stage. By the time the parents have resolved the acute grieving period (Shonk, 1965), the child's progress can be evaluated more reliably and the options available can be better explored.

Families who do not speak English and those whose members are working or absent during the day need to be offered immediate support services for their child in the form of day care or daytime foster care by a qualified adult, such as a parent of a school age deaf child.

Families who are able and willing to use total communication have a good chance of teaching their child both speech and language. But only with the most dedicated and able parents, will a capable child achieve fluency in English, the reason being that it is extremely difficult to learn simultaneously to use residual hearing, to read lips, to read and produce signs, and to talk. In fluent communication, it is tempting to limit oneself to the sign.

Since deaf education has to offer appropriate programs for a heterogeneous group both in its abilities and its inclinations, a variety of options is both realistic and desirable.

An oral-aural school program is suitable for the family who will commit itself to the ongoing tutoring of their child. The child's progress must be monitored and changes

made if the program is unsuitable. Parents who choose an oral education should be introduced to the deaf community so that they can learn to understand and respect deaf people and be prepared for the possibility that their child will choose to actively participate in that community during adolescence or adulthood.

A total communication program is appropriate for deaf children whose families prefer that option and are committed to the training involved in that method. Care must be taken not to neglect auditory training and speech development. The child should also be given the opportunity to use his spoken language in a hearing environment.

For the families who can't work with their child, for whatever reason, several options exist. The child can attend an oral program as long as his progress is satisfactory both academically and emotionally. Sending this child to a total communication program may improve his communication skills, but is unlikely to improve his academic standing. Children whose families are unable to learn the sign language adequately or to tutor them orally are better off attending a residential school, so that they are not isolated after school and on weekends.

In both manual and oral schools, there are students whose language skills are poor and whose academic progress remains at the grade two to three level in reading and mathematics. Such students are often referred to as having low verbal abilities and they exist among the hearing as well as among the deaf. They can be trained in many skilled and semi-skilled occupations requiring a minimum of language ability.

Socially, all deaf adolescents must be given the opportunity to socialize with other deaf adolescents. Given that the majority of deaf people join the deaf community as adults (Schein & Delk, 1974), it is damaging to the adolescent to feel guilty about using the sign language.

Conclusion

In summary, there is no one answer for all deaf children nor for all families of deaf

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children. Some children will reach their personal and professional potential in both the total communication and the oral system of education. Others with the potential, unless great care is taken in their speech and language training, will be deprived of an opportunity to deal with hearing people directly and will not benefit from the accumulation of human knowledge available to every literate person. On the other hand, each deaf person must be provided with a chance to to identify with a community where he will feel comfortable. For the majority of the deaf, theirs is the deaf community where

Ameslan is the language of communication. Each deaf student should be provided with Ameslan for his social communication, if he so chooses.

Parents of deaf children must be exposed to the full spectrum of the adult deaf world so that they can help their child make all the necessary adjustments when he begins to look for a world of his own.

Let's hope that we will achieve greater flexibility in the eighties and that mental health professionals will not be forced into offering one educational option by denying the benefits of the other.

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